

TOWN OF ELKTON, VIRGINIA

APPLICATION FOR BUSINESS LICENSE FOR 2009

TREASURER'S OFFICE
173 W SPO TSWOOD TRAIL

10% PENALTY OF INTEREST AND 10% ANNUM INTEREST SHALL BE ADDED AFTER
June 1st

ELKTON, VA 2827

CHECK ONE:

INDIVIDUAL _____
PARTNERSHIP _____
CORPORATION _____
LLC _____

PLEASE TYPE OR PRINT

NAME OF APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____

(LOCAL)

(HOME OFFICE)

TYPE OF BUSINESS OR PROFESSION

DATE STARTED _____

PLEASE TYPE OR PRINT

THE INFORMATION FURNISHED BY YOU UPON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS LICENSE IN
THE TOWN OF ELKTON, VIRGINIA

1	COIN OPERATED OR DEVICES	\$	_____
	TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR		_____
	NUMBER OF MACHINES		_____
	(A LIST OF MACHINE TYPE LOCATION AND ADDRESS MUST ACCOMPANY THIS APPLICATION)		
2	CONTRACTORS (ALL TYPES)	\$	_____
	TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR		_____
3	FINANCIAL, REAL ESTATE & OTHER PROFESSIONAL SERVICES	\$	_____
	TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR		_____
4	REPAIR, PERSONAL, AND BUSINESS SERVICE	\$	_____
	TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR		_____
5	RETAIL MERCHANTS	\$	_____
	TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR		_____
6	TELEPHONE, TELEGRAPH, WATER OR HEAT, LIGHT AND POWER COMPANIES	\$	_____
	TOTAL GROSS RECEIPTS FROM BUSINESS IN TOWN DURING PRECEDING CALENDAR YEAR		_____
7	WHOLESALE MERCHANTS	\$	_____
	TOTAL PURCHASES		_____
8	OTHER BUSINESS OR SERVICES		_____
	SPECIFY TYPE OF BUSINESS	\$	_____

IMPORTANT

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

(FEDERAL I.D. NO. OR SOCIAL SECURITY NO.)

ZONING ADMINISTRATOR

DATE

FORM MUST BE COMPLETED IN FULL AND A
FEDERAL I.D. OR SS# MUST BE FURNISHED BEFORE
BUSINESS LICENSE WILL BE ISSUED.

The above location is zoned for thee business that is requested